



## State of North Carolina

Department of Mental Health, Developmental Disabilities, and Substance Abuse Services  
Accountability Team – Assurance Unit

Provider Name: \_\_\_\_\_ JSI Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

- (1). Our agency assesses and / or provides Treatment Services for Non-English speaking offenders / clients.  
Yes. \_\_\_\_\_ No. \_\_\_\_\_
- (2). Our agency has contacted Justice Systems Innovation to inform them of our intent to provide assessments and or treatment services for non-English speaking clients.  
Yes. \_\_\_\_\_ No. \_\_\_\_\_
- (3). Our agency utilizes Interpreters for non-English speaking clients.  
Yes. \_\_\_\_\_ No. \_\_\_\_\_ Which Services: \_\_\_\_\_
- (4). Our agency utilizes Certified Interpreters for non-English speaking clients.  
Yes. \_\_\_\_\_ No. \_\_\_\_\_ Which Services: \_\_\_\_\_
- (5). Our staff is qualified to provide services and is fluent in the language of the target audience.  
Yes. \_\_\_\_\_ No. \_\_\_\_\_
- (6). Our agency is in full compliance with Mental Health Rule 10 A NCAC 27 G .3816 SERVICES FOR NON-ENGLISH SPEAKING OFFENDERS / CLIENTS.  
Yes. \_\_\_\_\_ No. \_\_\_\_\_
- (7). Our agency will notify Justice Systems Innovation of any and all changes to the above listed or attached information.  
Yes. \_\_\_\_\_ No. \_\_\_\_\_

Attach a list of all staff members that are assessing or treating non-English speaking clients. Indicate their qualifications and fluency certification status in the language of the clients that they are serving. Provide this form to the Audit Team Leader during your DWI monitoring exit review. Retain a copy of this certification for your records.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

This information shall be submitted to Justice Systems Innovation and become part of your documentation.